ATOKA DIXIE GIRLS SOFTBALL PLAYER REGISTRATION FORM

BEFORE COMPLETING, PLEASE REVIEW DISTRICT BOUNDARY MAP. ARE YOU WITHIN OUR BOUNDARIES?
IF YES , INITIAL _____ / IF NO, SEE BOARD MEMBER

Player's age at registration: _____ Date of Birth: _____

Shirt Size: _____ Short Size: _____

Player's Full Name: _____
First Middle Last

Player's Street Address: _____
Street City / State Zip

Father's Name: _____
First Middle Last

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ Is this person the 1st point of contact? Yes / No

Mother's name: _____
First Middle Last

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ Is this person the 1st point of contact? Yes / No

Emergency/Add'l Contact: _____
First Middle Last

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ Is this person the 1st point of contact? Yes / No

Has the registrant played softball before?: Yes / No If yes, how many years?: _____
Did your child participate in the Atoka ***summer*** league last season? : Yes / No
Does you child play for a TSSAA team? Yes / No If yes, for which school? _____
Will your child be trying out for a TSSAA school team this spring?: Yes / No If yes, for which school?: _____

Does the player have any special health problems?: _____

I do hereby agree that my child will play with any team to which she is assigned for the season. _____ (initial)
Special Notes: _____

Parental Authorization

I, parent or guardian of the above named candidate for a position in above mentioned softball program, hereby gives approval to her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the player to and from activities, for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed clinic should the player become ill or injured while participating in the league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I agree to return upon request the uniform and other equipment issued to the player in as good a condition as when received, except for normal wear and tear.

I will furnish a certified birth certificate of the above named candidate upon request by league officials.

_____ _____ _____
Signature of Parent or Guardian Relationship Date

For Atoka Dixie Girls Softball Board Use Only

Special Notes: _____

Birth Certificate Received: _____

Division _____

Fee Paid: _____

Method of Payment: CASH _____ CHECK# _____